Application Data Sheet

| Application Information | |
|----------------------------------|----------------------|
| Application number:: | |
| Filing Date:: | |
| Application Type:: | Continuation-in-Part |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R? | None |
| Title:: | Vascular Prosthesis |
| Attorney Docket Number:: | 1033-110.US |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 1 |
| Total Drawing Sheets:: | 4 |
| Small Entity:: | Yes |
| Petition included?:: | No |
| Secrecy Order in Parent Appl.?:: | No |
| | |
| Applicant Information | |
| Applicant Authority type:: | Inventor |

Applicant Authority type:: Inventor

Primary Citizenship Country: Latvia

Status:: Full Capacity

Given Name:: Viktoria

Middle Name::

Family Name:: KANTSEVITCHA

City of Residence:: Riga

State or Province of Residence::

Country of Residence:: Latvia

Street of mailing address:: Lokomotives lela 72 - 30,

City of mailing address:: LV-1057 Riga

State or Province of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority type:: Inventor

Primary Citizenship Country: Latvia

Status:: Full Capacity

Given Name:: Eriks

Middle Name::

Family Name:: MASTEIKO

City of Residence:: Riga

State or Province of Residence::

Country of Residence:: Latvia

Street of mailing address:: Lacu lela 10b,

City of mailing address:: LV-2010 Jurmala

State or Province of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority type:: Inventor

Primary Citizenship Country: Latvia

Status:: Full Capacity

Given Name:: Leonids

Middle Name::

Family Name:: RIBICKIS

City of Residence:: Riga

State or Province of Residence::

Country of Residence:: Latvia

Street of mailing address:: Dzirnavu lela 74/76 - 51,

City of mailing address::

LV-1011 Riga

State or Province of mailing address::

Postal or Zip Code of mailing address::

Correspondence Information

Name::

Colin P. Abrahams

Street of mailing address::

5850 Canoga Avenue, Suite 400

City of mailing address::

Woodland Hills

State or Province of mailing address::

CA

Postal or Zip Code of mailing address:: 91367

(818)710-2788

Fax::

Telephone::

(818)710-2798

E-Mail address::

cabrahams@earthlink.net

Representative Information

| Representative Designation:: | Registration number | :: Name:: |
|------------------------------|---------------------|-------------------|
| Primary | 32393 | Colin P. Abrahams |
| Representative Customer Num | nber:: 023390 | |

Domestic Priority Information

| Application:: | Continuity Type: | Parent Application:: | Parent Filing Date:: |
|------------------|------------------|----------------------|----------------------|
| This Application | CIP | 10/775,826 | Feb 10, 2004 |
| 10/775,826 | CIP | 10/204,009 | Aug 15, 2002 |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| Latvia | P-00-21 | 02/16/00 | Yes |

Assignment Information

Assignee name::